

TESTIMONY FOR  
PUBLIC HEARING ON CHILDREN'S MENTAL HEALTH  
LITTLE HOOVER COMMISSION

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Thank you for the opportunity to speak about the state of children's mental health and, more specifically, the children's mental health service system in Los Angeles County.

Los Angeles County is home to more than 2.6 million children below the age of eighteen. 33.5% of children (800,000+) in this county live below the federal poverty level. Approximately 25% of children under the age of 18 do not have health insurance. 11% or nearly 90,000 children have a mental disorder with *significant* functional impairment while 5% or more than 40,000 children have a mental disorder with *extreme* functional impairment in Los Angeles County between the age of nine to seventeen. These latter data reflect prevalence rates of mental disorders among children as per the recently federally funded MECA study (Methodology for Epidemiology of Mental Disorders in Children and Adolescents). These latter figures apply to only those children living below the poverty level.

Los Angeles County Department of Mental Health (LACDMH) served a total (Short-Doyle and Fee-for-Service) of 24,860 unique clients below 18 years of age during the FY '98-'99; this is more than twice the number of unique clients

served in FY '90-'91. The distribution of the ethnic/racial groups among the clients served during FY '98-'99 is 33% Latino, 30% African-American, 21% Caucasian, and the remainder was a broad range of other groups (Table 1).

ETHNICITY	Frequency	Percent
HISPANIC	8197	32.97
AFRICAN AMERICAN	7432	29.90
CAUCASIAN	5218	20.99
MISSING OR UNKNN	3023	12.16
OTHER NON-WHITE	194	0.78
INDOCHINESE	178	0.72
AMERICAN NATIVE	141	0.57
KOREAN	139	0.56
OTHER ASIAN/PACIFIC	120	0.48
CHINESE	118	0.47
FILIPINO	66	0.27
JAPANESE	26	0.10
OTHER	4	0.02
OTHER HISPANIC	2	0.01
CAMBODIAN	1	0.004
SAMOAN	1	0.004
TOTAL	24860	100

Table 1

The age group distribution for the same clients was 61.5% age 12-18, 34.9% age 6 –11, and 3.6% age 0-5 (Table 2).

AGE BY AGE GROUP	Frequency	Percent
1-5 YEARS	894	3.6
6-11 YEARS	8665	34.9
12-18 YEARS	15301	61.5
TOTAL	24860	100

Table 2

Nearly 50% of the children lived with their families, 26% were under the supervision of the child protective agency, 12% under the supervision of the local education agency, 11% were under the supervision off Probation, and the others by a combination of agencies.

AGENCY OF PRIMARY RESPONSIBILITY		
	Frequency	Percent
UNDER SUPERVISION OF FAMILY	12310	49.5
DEPT. OF CHILDREN'S SERVICES (DCS)	6360	25.6
DEPT. OF PROBATION	2666	10.7
LAUSD (SEP*eligible)	2234	9.0
LAUSD: SED**ON IEP*** (not SEP)	883	3.6
DCS AND SCHOOL DISTRICT(LAUSD)	281	1.1
DEPT. OF PROB. AND LAUSD (SEP elig.)	126	0.5
TOTAL	24860	100

\*SEP - Special Education Program

\*\*SED - Severely Emotionally Disabled

\*\*\*IEP - Individualized Education Plan

Table 3

One of the challenges facing LACDMH is to serve as many children and families as is medically necessary.

## DESCRIPTION OF SERVICES

LACDMH offers a full continuum of care to children in a family context to enable the child to maximize his/her developmental potential in his home, school, and community. These services include a wide range of outpatient services such as assessment, individual, family, group, case management, and medication support therapies. Child crisis team services are also available. Many of these services are provided at various sites including a traditional clinic setting, the home, school among other community sites.

Day treatment and inpatient services are available in many parts of the county. Day treatment programs at various group homes (level 12-14) have recently been established. Inpatient programs for children are available through various contract hospitals and longer-term programs at Metropolitan State Hospital.

Many of the services that LACDMH offers to children and their families are provided through collaborative programs with other county human service departments including but not limited to the child protective agency, Probation, schools, law enforcement agencies, Juvenile Court, health services and alcohol and other drug service programs. These collaborative efforts are especially appealing to children and families with multi-service needs. One of the primary goals of such collaboration is to have one completed assessment that incorporates input from each agency and a single service plan. Providing various services (in addition to mental health) to one family at one site has been a major milestone for LACDMH. LACDMH has successfully partnered with more than fifty school districts in Los Angeles County to establish school based mental health services. Furthermore, these collaborative efforts allow for sharing of resources, collaborative service planning and hence improved human service efficiency.

Various specialized multi-agency collaborative programs are undergoing expansion or are in an initial phase of implementation including System of Care (SOC) programs, Start-Taking-Action-Responsibly-Today (START), Family Preservation, Wrap-Around Services, High Risk Youth (SB1095), Infant/Family Mental Health among others.

An ongoing re-structuring of the mental health service system in Los Angeles County, known as Comprehensive Community Care (CCC), when completed will establish an integrated mental health system whereby services are available to all family members in need regardless of age at the same service

site. This will enhance the family focus of mental health services. Heretofore services had been delivered through service programs restricted to certain age groups. Furthermore, the fully operational CCC will emphasize local or regional management structures, local community input, and encourage more service planning at the community level than the prior system allowed. Cultural relevant services are another essential facet of CCC.

#### MENTAL HEALTH SYSTEM ENTRY/ACCESS

The three more frequent source of referrals of children and families to LACDMH are self, school, and the child protective agency. Many of our other partner agencies also refer frequently. An 800-telephone line staffed by professionals is available to Los Angeles County residents twenty-four hours per day every day of the week. The staff provides access to local resources for routine mental health care as well as acute care services for children and families.

#### FACTORS RELEVANT TO ACCESS

There are various eligibility criteria that determine which child and family will be served. The primary set of criteria is that of “medical necessity criteria” which includes having a DSM IV diagnosis (that is an “included” diagnosis as a result of Medi-Cal consolidation) and associated functional impairment in at least one key domain. The level of acuity of the child's condition, suicidality, and out-

of-home placement or at risk of out-of-home placement are other determinants. In addition, virtually all facilities have ability to pay programs such as UMDAP.

Age may also be a factor for entry. Several mental health programs are restricted to certain age groups, most of which have been restricted to certain groups of children due to funding streams as discussed below. LACDMH has recently launched various transition age (16-22) services due in part to the great need for such services coupled with some funding flexibility and new categorical funding for this age group. Graduates of the foster care and children's mental health system including children who are funded by AB3632 are the primary recipients of the new transition age services.

## FUNDING OF SERVICES

Funding streams may also influence access. Some categorical funding streams (such as AB3632 and Therapeutic Behavioral Services) are by definition restricted to certain populations. These restrictive funding streams can be supplemented with additional or more flexible funding in order to serve a broader population than that permitted by categorical funding. Community based agencies, which have various sources of funding, are capable of providing a more comprehensive range of services to its clientele than those with only one funding stream.

Children and families in Los Angeles County are fortunate to have a very broad range of funding streams. EPSDT has enabled LACDMH to expand mental health services to children and families in an exponential manner during

the past six years. This funding is strategically used in combination with multiple sources of funding including County and State general funds to establish the programs of SOC, START, Family Preservation, Wraparound among others. County and State general funds are used in part to serve those populations that otherwise could not be served with EPSDT alone (see vulnerable populations below).

Although there are a myriad of funding resources currently available to children and families of Los Angeles County at this particular time, the financing of this breadth of mental health services in the near future is in a precarious situation because many of these funding streams for mental health services are time-limited ranging generally from two to five year periods and categorical. Other children service departments within Los Angeles County have similar time-limited and categorical funding. Our necessary and effective interdepartmental collaborative efforts are developed on a complex foundation of interdepartmental time-limited and categorical funding blocks. The removal of one of these blocks, for example, at the end of a funding cycle, may jeopardize essential components or the entire system.

## VULNERABLE POPULATIONS

LACDMH has been responsible for primarily serving impoverished children and families of the County. Several groups within this population are more vulnerable given the known risk factors for developing mental disorders and the variable duration of funding streams. These populations include the

documented and undocumented immigrant population, the working poor who do not qualify for Medi-Cal, and the juvenile justice populations. Los Angeles is the mecca for foreign born people in the State which is home for the largest number of foreign born people in the U.S. The diversity of their cultures including languages, child rearing practices and help-seeking patterns presents enormous challenges for public sector systems which were originally designed for industrialized Western cultures. In some situations, for example, in which a child is eligible for federally funded services, an undocumented parent with a severe mental disorder may not be eligible for services and yet it's obvious that the parent needs personal assistance and assistance so that the parent can care for the child.

A pilot study recently conducted in Los Angeles related to mental health needs of youth in the juvenile detention system reveals that at least 40% showed evidence of behavioral/emotional problems and a majority of this group with alcohol and/or substance abuse problems. Studies on girls who are detained in county and State facilities reveal that approximately 50% exhibit signs and symptoms of mental disorders. Approximately 3500 youth are in Los Angeles County detention facilities on any given day. Less than 10% qualify for Medi-Cal funded services. Medi-Cal eligibility automatically lapses when a youth enters a detention facility. Federal regulations prohibit the use of federal funds for the mental health services that are desperately needed by detained youth. Furthermore, a family must reapply for Medi-Cal once the youth is released from



detention thereby prolonging the period that funding is unavailable to these youth.

As LACDMH pursues expansion of school based mental health services, it has become evident that a large proportion of children who do not qualify for Medi-Cal or other funding source are much less likely to receive mental health services thereby providing services on a discriminatory basis. School districts do not permit providing such on-site services since schools must offer services to students in a non-discriminatory fashion.

## ENSURING QUALITY OF SERVICE

The determination of quality of treatment is multi-faceted. One of the key elements of the CCC effort is the enhancement of treatment quality through innovation. Ongoing quality improvement committees monitor some aspects of quality on at least a quarterly basis. Annual site reviews are conducted to monitor program compliance with departmental requirements. All complaints by children and families are investigated immediately. Corrective action plans are required of mental health contractors if a problem is discovered.

One of a group of outcome measures that is routinely used is a client satisfactory scale (self-administered) which provides useful feedback to management regarding service delivery.

Various efforts are underway to establish certain standards of care through the Office of the Medical Director. Relevant products of these efforts include the ongoing development of a series of clinical parameters on

rehabilitation, use of psychotropic agents in children, and family psychotherapy. Some of these are being used as standards in other counties in California.

Clinical supervision at each clinical site is mandatory and serves to ensure other aspects of quality of care.

## STRENGTHS OF MENTAL HEALTH SYSTEM

There are many strengths of the children's mental health system in Los Angeles. These include a vision shared by upper management to establish a family responsive system that is integrated, efficient, and accountable. The ongoing integration of the various mental health components originally designed according to age of clientele enhances the creation of a family system of care.

The ongoing interagency collaborative efforts have proved to be a windfall for children and families. The commitment by front line staff, middle and upper managers to this effort will serve to institutionalize this practice. This has also served to expand resources for our clientele.

The inclusion of parents in various aspects of our service system including local program planning and training efforts has resulted in developing a powerful voice and new partner to enhance and expand services to children and families.

The commitment to serve dually diagnosed children and their families has resulted in countywide training in this area, the development of innovative programs, and the creation of a new set of partners, namely, alcohol and other drugs service agencies.

New opportunities to serve infants and their families through Proposition 10 funding and other initiatives is also very exciting especially given that recent research has determined that many mental disorders have their onset during infancy and early childhood.

## WEAKNESSES OF MENTAL HEALTH SYSTEM

The limited amount of human resources is becoming rapidly evident across the state. Counties and community based agencies are frequently in competition for the same human resources.

Time-limited and categorical funding streams has made it particularly challenging to serve such populations as the indigent population, undocumented immigrants, and juvenile detainees who do not qualify for EPSDT.

Funding for primary prevention services are severely limited.

The Healthy Families program has not fulfilled its potential with respect to both the health and mental health benefits. Access to the mental health benefit would indeed expand mental health services to the Los Angeles community.

## RECOMMENDATIONS FOR CHANGE

Some of the categorical funding such as AB3632 does not cover all mental health services, for example, medication support services. Expansion to include all mental health services would be ideal.

A change in regulations that would allow the use of EPSDT for incarcerated youth and their families which are a very high risk population would enhance our limited resources for this population.

Consolidation of various categorical funding streams would enable counties to be more responsive to their children and families.

The children and families, which we serve, have very diverse needs which tend to be served by multiple human services agencies. State level planning that included coordinated efforts by State agencies would also enhance the counties' efforts to serve children and families.

Community outreach funding and public awareness campaigns must be expanded to all of the diverse communities in Los Angeles County given the prevalence of mental disorders among children in Los Angeles and throughout the State.